

Mississippi S-Corporation Income and Franchise Tax Return 1999

WCA

Page 1

For Fiscal Year Beginning and Ending FEIN Name of Corporation Mailing Address (PO Box or Street Including Rural Route) City State ZIP + 4 County Code **FILING STATUS**

(See Instructions)

Check All That Apply: ☐ Final Return (File Form 83-375) ☐ Amended Return ☐ Short Year Return ☐ Address ChangeCheck All That Apply: ☐ 100% Mississippi ☐ Multistate Direct Accounting ☐ Multistate Apportioning ☐ Composite ReturnDate of Election as an S-Corporation: Number of Shareholders at End of Tax year: **FRANCHISE AND INCOME TAX**

1. Taxable Capital (From Form 83-110, Line 17.) 1 \$
2. Franchise Tax Due (From Form 83-110, Line 20). Minimum tax of \$25.
3. Is this S-Corporation a Qualified Subchapter S Subsidiary (QSSS) of another corporation?
☐ Yes ☐ No If **YES**, enter **Name** and **FEIN** of the parent corporation. 5 \$

Name: **Whole Dollars Only**

4. Mississippi Net Taxable Income (If Loss Enter Zero)(From Form 85-122, Line 27.) 6 \$
5. Total Income Tax (See Instructions)
6. Credits: a. Ad Valorem Tax Credit (From Form 83-401, Schedule A.) 22 \$
b. Other Credits (From Form 83-401, Line H, Schedule B.)
7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b.)
8. Total Franchise and Income Tax Due. (Line 2 Plus Line 7.)
9. Interest & Penalty on Underestimated Income Tax Payments. (Attach Form 83-305) 26 \$
10. Total of Lines 8 and 9.

PAYMENTS and TAX DUE

11. Overpayments from Prior Year.
12. Estimated Tax Payments and Payments with Extensions.
13. Total Payments (Line 11 Plus Line 12.)
14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13.)
15. **Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month.** (See Instructions) 29 \$
16. **Amount Paid with this Return.** (Line 14 plus Line 15) 31 \$
Attach Payment for Total Due to: State Tax Commission. **AMOUNT PAID**
17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment. (Line 13 minus Line 10.)
18. **Amount of Overpayment (Line 17) to be Refunded.** **REFUND** 33 \$
19. **Amount of Overpayment (Line 17) to be Credited to Next Year.** 34 \$

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Check To: **State Tax Commission**
Mail To: **P.O. Box 23050**
Jackson, MS 39225-3050

Officer's Signature_____
Date_____
Officer's Title()
Tax Department Phone

Mississippi S-Corporation Income and Franchise Tax Return 1999

Page 2

S-Corporation Information

1. DBA _____ 2. County locations in Mississippi _____
3. Principal business activity in Mississippi _____ 4. Principal business activity everywhere _____
5. Principal product or service in Mississippi _____ 6. Principal product or service everywhere _____
7. Contact person for this return _____ 8. Contact person's location and phone _____ () _____
9. If amended return, check reason:
- ☐ Mississippi correction only ☐ Amended Federal Form 1120S (attach copy) ☐ Federal RAR (attach applicable copies) ☐ Other: _____
10. If final return, check reason and enter date effective: _____ Date _____
- ☐ Dissolving Mississippi Corporation ☐ Non-Mississippi Corporation Withdrawing from State ☐ Sold ☐ Merged
- ☐ S-Status Terminated ☐ Other: _____

If you checked Sold or Merged, provide the following:
New company or owner's name and address

FEIN _____
Phone () _____

Former owner's forwarding address

Phone () _____

11. Is this corporation a partner in a partnership, LLP or LLC doing business in Mississippi? If Yes, attach MS Forms K-1. ☐ Yes ☐ No
12. Are you a parent of a QSSS? If yes, list on a separate schedule the Name and FEIN of the QSSS(s). ☐ Yes ☐ No
13. Has the corporation filed amended federal returns in the last three years? ☐ Yes ☐ No
- If Yes, list years _____
14. Has the IRS made any changes to your taxable income in the last three years? ☐ Yes ☐ No
- If Yes, list years _____
15. If Line 13 and/or Line 14 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS? ☐ Yes ☐ No

List of Officers - This schedule MUST be completed

President: Name and Home Address _____ _____ _____	Social Security Number _____ _____ _____	Ownership Percentage _____ % Salary _____
Vice President: Name and Home Address _____ _____ _____	Social Security Number _____ _____ _____	Ownership Percentage _____ % Salary _____
Treasurer: Name and Home Address _____ _____ _____	Social Security Number _____ _____ _____	Ownership Percentage _____ % Salary _____
Secretary: Name and Home Address _____ _____ _____	Social Security Number _____ _____ _____	Ownership Percentage _____ % Salary _____

Paid Preparer's Signature

Date

Paid Preparer's Address

Paid Firm's Identification Number or PTIN

OR

Paid Preparer's Social Security Number or PTIN

Preparer's Phone

() _____